

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1					51						
2	1	1					52						
3	1	1					53						
4	1	1					54						
5	1	1					55						
6	1	1					56						
7	1	1					57						
8	1	1					58						
9	1	1					59						
10	1	1					60						
11	1	1					61						
12	1	1					62						
13	1	1					63						
14	1	1					64						
15	1	1					65						
16	1	1					66						
17	1	1					67						
18	1	1					68						
19	1	1					69						
20	1	1					70						
21	1	1					71						
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24	1	1					74						
25	1	1					75						
26	1	1					76						
27	1	1					77						
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33	1	1					83						
34	1	1					84						
35	1	1					85						
36	1	1					86						
37	1	1					87						
38	1	1					88						
39	1	1					89						
40	1	1					90						
41	1	1					91						
42	1	1					92						
43	1	1					93						
44	1	1					94						
45	1	1					95						
46	1	1					96						
47	1	1					97						
48	1	1					98						
49	1	1					99						
50	1	1					100						
TOTAL IND.	2	1					TOTAL IND.						
TOTAL DEP.	17	1					TOTAL DEP.						
TOTAL CLAIMS	19						TOTAL CLAIMS						

BEST AVAILABLE COPY